



WESTPORT CONNECTICUT

ASSESSOR'S OFFICE

110 Myrtle Avenue, Westport, CT 06880

Phone: 203-341-1070

INSTRUCTIONS FOR BOARD OF ASSESSMENT APPEALS FORM

Fill in the top half making sure you include your reason for appeal. Also, please note dates you are **not** available for meeting.

Please do not write below the dotted line.

Any pertinent documentation for your appeal should be brought to your meeting and not submitted with the application.

The owner is the appellant unless they are being represented by someone else. If you are being represented, please be sure that your representative has a permission letter to appeal the property assessment to bring to your meeting.

Two copies of the form must be returned to:

WESTPORT TOWN HALL
BOARD OF ASSESSMENT APPEALS
ROOM 104
110 MYRTLE AVENUE
WESTPORT, CT 06880

One copy of the form will be returned to you with the date, time and room location of your meeting. All appointments shall be held in the **evening** and last approximately 15 minutes.

All applications must be received in the Assessor's office by close of business – 4:30 p.m. on Tuesday, February 22, 2011. If application is mailed, please verify receipt by calling the Assessor's office prior to February 22, 2011.

If you do not hear back from our office with your hearing date and time by Monday, February 28, 2011 please call 203-341-1070 to verify that your application has been received.

Thank you.

**TOWN OF WESTPORT
PETITION TO BOARD OF ASSESSMENT APPEALS**

MUST BE FILED BY FEBRUARY 22, 2011

By authority of Public Act 9-23 of the State of Connecticut

Please print or fill in on the computer the following information about each property being appealed. Print 3 copies; keep one for your records. **Emailed forms are not accepted.**

Office Use Only

List Year: 2010

List No: _____

Two copies of the forms must be returned to:

WESTPORT TOWN HALL
BOARD OF ASSESSMENT APPEALS
110 MYRTLE AVENUE – ROOM 104
WESTPORT, CT 06880

Grand List of October 1, 2010

Property Owner's Name: _____

Property Location: _____ Telephone contact: _____
(number and street)

Appellant's Name: _____ Property Type: _____
(residential, commercial, personal property, motor vehicle)

Mailing Address: _____

Total Assessment: _____ Appellant's Estimate of Market Value: _____

BRIEFLY STATE YOUR REASON FOR APPEAL: _____

Signature: _____ Date: _____

For Official Use Only

BOARD ACTION

No Change _____ Reduced _____ Increased _____

ORIGINAL ASSESSMENT:

2010 Assessment: _____

Land: _____

Building: _____

Other: _____

Total: _____

Personal Property: _____

Motor Vehicle: _____

BAA CHANGE:

2010 Assessment: _____

Land: _____

Building: _____

Other: _____

Total: _____

Personal Property: _____

Motor Vehicle: _____

**DATE AND TIME OF HEARING AT
TOWN HALL**

ROOM: _____

Date: _____

Time: _____

Dated: _____

Signed: _____

Signed: _____

Signed: _____